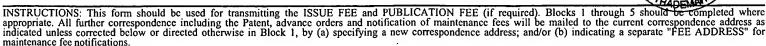
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Msil Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/588,797	08/28/2006	Roberto Morelli	6755/PCT	2620
TITLE OF INVENTION: M	IETHOD AND MACHINE	FOR THE PRODUCTION OF LOGS OF WOUND WEB MA	ΓERIAL	

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO .	\$1510	\$300	\$0	\$1810	02/16/2011
EXAN	EXAMINER ART UNIT CLASS-SUBCLASS 01/21/2011 LNGUYEN2 000000		1GUYEH2 00000049 10	3588797		
KIM, S	SANG K	3654	242-532000	01 FC:1501		1510.00 02
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 		(2) the name of a single registered attorney or a	of 3 registered patent attornively, e firm (having as a membagent) and the names of upmeys or agents. If no name	er a 2p to	& Breiner, LLC	
2 ACCIONEE MANAGA	ND DECIDENCE DAT	A TO BE BRAITED ON	THE DATENT (print or the	20)		

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fabio Perini S.p.A.	Lucca, ITALY
Please check the appropriate assignce category or categories (will not be	e printed on the patent): 🔲 Individual 😡 Corporation or other private group entity 🗀 Government
a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies	 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) ☑ A check is enclosed. ☑ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fce(s), any deficiency, or credit any overpayment, to Deposit Account Number 0 2 - 3690 (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
NOTE: The Issue Fee and Publication Fee (if required) will not be accenterest as shown by the records of the United States Patent and Tradem	pted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in ark Office.

Authorized Signature

January 20, 2011

Typed or printed name

Mary J. Breiner

33,161 Registration No.

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